

Are You Taking Advantage of Diabetes Self-Management Training?

Diabetes is a serious and complex disease. Patients who learn to self-manage their diabetes can stay healthier, feel better and reduce complications. Diabetes Self-Management Training (DSMT) is a valuable resource for both the patient and the health care provider in the treatment and management of diabetes:

1. DSMT increases the patients' knowledge of their disease.
2. DSMT empowers patients to make positive behavior changes.
3. DSMT, provided in conjunction with appropriate medical management, decreases HbA_{1c} blood sugar measurements.
4. DSMT helps prevent the complications from diabetes.
5. DSMT is cost effective.

Room for Improvements in Diabetes Care with the Help of DSMT

1. A recent article in the American Medical News reported 822 patients who received care *from experienced physicians* reached target levels in the control of blood sugar, blood pressure and cholesterol only 7% of the time.¹ This illustrates the difficulty and complexity of diabetes care.
2. The U.S. Center for Disease Control recommends people with diabetes receive three preventive-care services annually: two hemoglobin A_{1c} tests (HbA_{1c}), one foot exam, and one dilated eye exam.
3. In a small survey in Michigan in 2005, 67% of patients with diabetes reported receiving two HbA_{1c} tests, 68% one dilated eye exam, and 67% one foot exam, during a one year period. These three exams are standard care, but only 34% reported receiving all three services. The good news is that patients who received DSMT were 2.1 times more likely to report receiving all three preventive care services as compared to adults with diabetes who had never received DSMT, even after adjusting for the effects of age, sex, race, education, marital and smoking status.²

The American Diabetes Association recommends: People with diabetes “should receive diabetes self-management education/training according to the National Standards for Diabetes Self-Management Education when their diabetes is diagnosed and as needed thereafter” and DSMT “should be provided by health care providers who are qualified to provide DSME based on their professional training and continuing education.”³ DSMT should also be considered for people at risk for developing diabetes.⁴ The striking results from the Diabetes Prevention Program (DPP) tell us that millions of overweight people with glucose intolerance can use diet, exercise and behavior modification to avoid developing type 2 diabetes.⁵

Patients and Physicians Benefit from DMST

Felicia Lyle of Detroit was recently diagnosed with type 2 diabetes. Since receiving DSMT, she has made several lifestyle changes and has improved her blood sugar levels. She joined a walking program, quit smoking, followed her diet, and began to check her blood sugar three times per day. She said she wanted to avoid the complications from diabetes and proudly reported her HbA_{1c} level had dropped from 10.6 to 6.6 and was now under control. According to Tom Marshall, M.D., of Alcona Health Center in Lincoln, “we must always remember that diabetes is the patient's disease. As a physician we can only provide direction for the patient and their treatment of diabetes. It is impossible to imagine any program being effective without the knowledgeable participation of the patient. Self-management training must be the cornerstone of these efforts.” Hemant Thawani, MD, CDE, FACE from Hurley Medical Center in Flint asks, “Would you let your 16 year old start driving without adequate training in the classroom and behind the wheel? The person with diabetes is an ‘untrained driver’ until going through formal diabetes education. The sessions can be used at the time of diagnosis of diabetes and then on multiple other occasions when the need arises.”

DSMT is Cost Effective

Scientific evidence shows that DSMT, because it correlates with a decrease in HbA_{1c} levels, is also associated with reductions in health care costs. A study published in The Journal of the American Medical Association indicated that a sustained reduction in A1c among adults with diabetes was associated with a cost reduction of \$685 to \$950 less per person per year within one to two years of improved glycemic control.⁶ Managed care patients with type 2 diabetes, who improved or achieved glycemic control, saved \$369 per patient per year in total diabetes related costs as compared to those with higher A1c levels.⁷

Got DSMT?

Diabetes Self Management Training is a critical part of the medical treatment plan for people with diabetes. “Medical treatment of diabetes without systematic self management training cannot be regarded as acceptable care.”⁸ DSMT offers appropriate and comprehensive training in groups and/or one-to-one sessions in a variety of settings throughout the state of Michigan. DSMT is a covered benefit of most health insurance companies, as well as covered under Medicare and Medicaid. Reimbursement is typically tied with quality accreditation of programs

and most DSMT programs in Michigan have two certifications: State Certification and American Diabetes Association Education Recognition Program accreditation.

For a list of DSMT programs and contact the Diabetes Partners in Action Coalition (DPAC), a partner of the Michigan Department of Community Health, at 517-335-9504 or visit http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_2980-13791--,00.html for DSMT programs in your area.

The current system for diabetes care is fragmented and could be improved by providing a coordinated response to diabetes care that includes Diabetes Self Management Training. Most payers reimburse for this training, but often health care providers may not recognize the value of place enough emphasis on DSMT and the effect on patient diabetes control. [*Potential side-bar box next to article*]

To quote Christopher Saudek, MD, past president of the American Diabetes Association and professor of medicine at The Johns Hopkins University, “No diabetes management tool - no new oral agent, insulin or medical device - is as important as the services of a Certified Diabetes Educator. This relatively new health care profession has added immeasurably to the provision of good diabetes care.” [*Potential side-bar box next to article*]

1. American Medical News, February 2006, Susan Landers,
2. Prevalence of Receipt of Multiple Preventive-Care Services Among Adults with Diabetes, Michigan 2005, Darlene El Reda Ph.D., M.P.H. and Lori Corteville M.S.
3. Diabetes Educator/Certified Diabetes Educator – Diabetes Care, supplement 1; ADA Clinical Practice Recommendations, pg. S12
4. The Health Care Providers’ Guide to Diabetes Self-management Training (DSMT) in Michigan, Michigan Organization of Diabetes Educators (MODE) and Michigan Department of Community Health Diabetes Prevention and Control Program, 2003, pg. 4
5. Diabetes Prevention Program, National Diabetes Information Clearinghouse, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, NIH Publication No. 06-5099, August 2006

6. Wagner, E.H., et al. (2001) Effect of improved glycemic control on health care costs and utilization. JAMA 285, 182-189
7. Shetty, S. (2005) Relationship of glycemic control to total diabetes related costs for managed care Health plan members with type 2 diabetes. Journal Managed Care Pharm, 11(7):559-64
8. American Diabetes Association and Michigan Diabetes Strategic Plan 2003